CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers) .	2 Total pages filed:
3 CANDIDATE /	MS/MRS/MR FIRST	MI	
OFFICEHOLDER NAME	Mr. Eduardo		OFFICE USE ONLY Date Received
	NICKNAME LAST	SUFFIX	
	"Eddie" Holguin	Jr.	RECEIVED ELECTIONS DEPT.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE#; CITY; P.O. BOY 17724	STATE; ZIP CODE	JAN 15 2014 De Hand-delivered or Postmarked
change of address	Elfas	CIPPLYTO	F-0000
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST NICKNAME LAST HOLD AUGUS MS/MRS/MR FIRST LAST HOLD MS/MRS/MR MS/MRS/MR FIRST LAST HOLD MS/MRS/MR MS/MR MS/MRS/MR MS/MR MS/MR	MI Suffix	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	El Paso, TX	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign
	July 15 Sth day before election	Exceeded \$500	treasurer appointment (officeholderonly) Final report (Attach OFFI - FR
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year 2 C C C C C C C C C C C C C C C C C C
11 ELECTION	Month ELECTION DATE Year Primary	Runoff Ger	oneral Special I
12 OFFICE	OFFICE HELD (if any) City Representative	13 OFFICE SOUGHT (If known) COVID	udge
	GO TO PAGE	≣2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Eddie	Holquin Jr.	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAP S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	N \$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7388.45
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	NIZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4625.06
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DEPARTING PERIOD	\$ 4625.06 \$3794.08
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	**************************************
18 AFFIDAVIT			
TO THE	JAVIER CHA NOTARY PUB In and for the State My commission 01-10-20	is true and correct and includes all me under Title 15, Election Code. To of Texas expires	perjury, that the accompanying report information required to be reported by C C C C C C C C C C C C C C C C C C
AFFIX NOTARY STAM		me, by the said Edwards Eddie A	olgain, Te this the
day	of JAn.	, 20 //, to certify which, witness n	ny hand and seal of office.
Signature of officer admir	nistering oath	Printed name of officer administration and	NOTARY PUBLIC
Signardie of officer admil	merenniñ oary	Printed name of officer administering oath	Title of officer administering oath

SCHEDULE A

		~		
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Eddie Holgnin:	Jr.	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC(ID#:_	30n	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12-1-13	6 Contributor address; City; State; Zip Code 10732 Texar Kano	•	\$100	[
	EI Paso TX TO	1924	·	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See		30
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
12-1-13	Contributor address; City; State; Zip Code		\$100	
Dringing Locus	pation / Job title (See Instructions)	136		of Texas, complete Schedule T)
M-Erico		Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
	Juana Escabedo	Texeira	contribution (\$)	description (if applicable)
12-1-13	Contributor address: City; State; Zip Code 7224 Decert Eagle	· · · · · · · · · · · · · · · · · · ·	D01¢	
	El Paso, T	\star	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
12-2-13	Contributor address; City; State; Zip Code 5130 Will Ow Creek		\$100	
	El Paso TX7	9932	(If travel outside o	of Texas, complete Schedule T)
Principal occup	vation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution . description (if applicable)
$\sim n \cdot n$	Contributor address; City, State; Zip Code	A.I.C		2017
12-5-10	6204 Bluff View P	lace	\$ 200	
	El Paso TX TO	1912	(If travel outside o	of Texas, complete Schedule-Th)
1 -	pation / Job title (See Instructions)	Employer (See I		<u>ي</u> ک
V (/-)	memaler	<u> </u>		
	ATTAOUADDITIONAL			ញ្ញ m
If c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instructions.			requirements.
				- Annual Company

P.O. Box 12070

SCHEDULE A

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Eddie Holamin	Jr.	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out of-state PAC (ID#_	~	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12-5-13	6 Contributor address; City; State; Zip Code		4150	
	El Paso T	10 PPT X	(If travel outside	l of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I	nstructions) (ed
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
12-5-13	Contributor address; City; State; Zip Code TO G Magnetic S TO G TO TO	70904	\$50	
<u> </u>	pation (Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_	<u>'</u>	Amount of	In-kind contribution
Dete	James Rataliff		contribution (\$)	description (if applicable)
10 00 10		- 		1
12-5-13	Contributor address: City; State; Zip Code	St.	\$50	
	El Paso TX	79904	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#_	h \ Our	Amount of contribution (\$)	In-kind contribution description (if applicable)
12-5-13	Contributor address: City; State; Zip Code OAAA Colle Vista Dv	- 7	00/4	
	El Paso	STX PAIS	(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	~ - ^ \ ^	yed
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Makel Tharez		(4)	
10 ~10	Contributor address; City; State; Zip Code	·	1 1 00	Jan C
12-0-10	1400 Honey suckle	DV.	\$1 (X)	M CLE
	JEI DRAN	TYTPAM	(15 April 1 to 1 to 1) D
Principal occup	pation,/ Job title (See Instructions)	Employer (See		of Texas, complete Schedule 承
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SCHEDULE A

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The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Eddie Holamin	Jr.	3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor Down of state PAC (ID#:_ Contributor address; City; State; Zip Code	0.50.	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occup	El Paso, TX - pation / Job title (See Instructions)	10 Employer (See	·	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_	lez	Amount of contribution (\$)	In-kind contribution description (if applicable)
12-5-13	11450 Sundrop	-aarl	\$100	·
Dringing Leave	pation / Job title (See Instructions)	71100		of Texas, complete Schedule T)
Principal occup	. \ A `	Employer (See I	- 1 \ \ \ -	11 -
		1.10011111		July C
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
12-5-13		asco	\$300	
	El Paso. TX	79927	46	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
DUDIE		A 1 - 6	Empl One	4.
Date			- (· · ·)	
Date	Alan F. Scott	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
12-16-13	Contributor address; City; State; Zip Code	ay Blvd	4667	
	marblehead 0-	H MRHAN	(15 Appropriate of	f Tauran and a Cabada (Ta
Principal occup	ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
			.	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	
	Ted To any 1	-1/2	contribution (\$)	In-kind contribution description (if applicable)
- 11 0	inca surgine to	xavity		
12-16-15	Contributor address; City; State; Zip Code	٦		
	DUAS MITTER KOL.		4/0/07	o m
·	AreaVaville MIL	44141	1442	
Principal occur	ation / Job title (See Instructions)	Employee (Ca.)		of Texas, complete Schedule T)
. mopar occup	due (See manuchons)	Employer (See I	nstructions)	či <u>m</u>
		<u> </u>		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:			
2 FILER NAME Eddie Holamin Jr.	3 ACCOUNT # (Ethics Commission Filers)			
4 Date 5 Full name of contributor + out-of-state PAC(ID#	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)			
12-16-13 6 Contributor address; City; State; Zip Code 60 Rydaln Ocd Lane	\$667			
marel and thills. OH 44000	(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions) 10 Employer (See I	· · · · · · · · · · · · · · · · · · ·			
Date Full name of contributor	Amount of In-kind contribution contribution (\$) description (if applicable)			
Contributor address; City; State; Zip Code 527 Montecito Rd.	\$25			
El Paso, TX 79915	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Employer (See I				
Date Full name of contributor Out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)			
Contributor address; City; State; Zip Code				
235 Elvin way	\$40			
EI taso, TX PAO)	 (If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Employer (See I	nstructions)			
Date Full name of contributor	Amount of In-kind contribution contribution (\$) description (if applicable)			
1-5-14 8721 Clavel	\$20			
El thoo TX 79907	 (If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Employer (See I	,			
	Amount of In-kind contribution			
antiona Halasi	contribution (\$) description (if applicable)			
Contributor address, City; State, Zip Code	£ 2			
1-1-14 Stole Winchester	450 50			
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Principal occupation / Job title (See Instructions) Employer (See	P 1/2 mount			
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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Texas Ethics Commission

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	Eddie Holawi	Tr		
4 Data	5 Full name of contributor Out-of-state PAC (ID#:	<u></u>	7 Amount of	8 In-kind contribution
4 Date)	contribution (\$)	description (if applicable)
	bernardo lanz	7		!
1 0 11	6 Contributor address; City; State; Zip Code		110	
1-0-14	603 Prospect		Q 1 Q	1
	1 abpect	^ ^		
	El Paso IX	14402	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation, / Job title (See Instructions)	10 Employer (See I	nstructions)	
retion	b 5	<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Dalos Cossa I	`	contribution (\$)	description (if applicable)
100 11	LEONO DUNES	<i>f.</i>		! !
1-8-14	Contributor address; City; State; Zip Code		1, 0 -	
	7423 WILCOX Dr.		\$100	
	to Dago TV	79915	, —	
	el laso, ix	1 (()	·	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	trithur H. Lvey	1		
1001	Contributor address; City; State; Zip Code		3 ~	
1-0-1-1	PO BOX 200		\$250	1 .
	10000	70		1
	-10 millo 1x	14333	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	1
	tarmer	2014-6	molane	d.
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Shanaga Tipia		contribution (\$)	description (if applicable)
1 00 11	Contributor address; City; State; Zip Code			1
1-8-17	Contributor address, City, State, 21p code		\$ 250	1
	40 RON 300	.		1.
	TornillaTX	79853	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		or rexas, complete ochedule 1)
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Date	Full name of contributor out-of-state PAC (ID#:	\	Amount of	In-kind contribution
			contribution (\$)	description (it applicable)
	C. Craig Ivey			
1-22-N	Contributor address; City; State; Zip Code		4500	
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ĺ	Tornillo	TY TORIKA		I G E
Brita aliant		1/2		of Texas, complete Schedule T
Principal occid	pation / Job title (See Instructions)	Employer (See	instructions)	ued = = =
	armer	1 11	- Cripiu	WW 51 =
	· · · · · · · · · · · · · · · · · · ·			0 7
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE	AS NEEDED	o · '
lf o	contributor is out-of-state PAC, please see inst	ruction guide forad	ditional reporting	requirements.
		•.	*	* .

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

···			4 Total sees Cab	odule A:
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Sche	suule A.
2 FILER NAME	Eddie Holquin Jr.		3 ACCOUNT # (Et	hics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1-8-14	6 Contributor address; City; State; Zip Code		\$500	
	El Paso, TX	1990		of Texas, complete Schedule T)
9 Principal occur	Janoi 1 7 000 title (000 title 1000)	0 Employer (See Ir	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
1-8-14	Contributor address; City; State; Zip Code	-00	\$100	
	ET Paso, TX	79925		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
1-8-14	Contributor address; City; State; Zip Code		\$50	
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
1-8-14	Contributor address; City; State; Zip Code	-1-00 AF	4100	
	El Paso	Employer (See		of Texas, complete Schedule T)
	upation / Job title (See Instructions)	Employer (See		
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
1-8-14	Contributor address; City; State; Zip Code 10127 SUEZ	n	contribution (\$)	JAN 15
Principal occ	upation / Job title (See Instructions)	Employer (See		e of Texas, complete Schedule*T)
	nomemaker			ن د
	ATTACH ADDITIONAL CORIES O	OF THIS SCHEDUL	E AS NEEDED	Φ.'

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS

SCHEDULE A

OTHER	THAN PLEDGES OR LOAN	IS		
The I	nstruction Guide explains how to complete this	form.	1 Total pages Sche	edule A:
			3 ACCOUNT # (Et	thics Commission Filers)
2 FILER NAME	Eddie Holavin J	V		
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Maria Castavou	- Willian	2n	
1 11 14	6 Contributor address; City; State; Zip Code		\$75	
1-11-11	9009 El Dorado Dr	,		- Li Odradila T
	El Paso	10 Employer (See I		of Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See 1		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Alberto Rodriguez		,	
1 4 14	Contributor address; City; State; Zip Code		\$ 365. 3H	Signs
1-0-11	1105 N. Zaragoza	0 0 0 0	4 30	1 - 13.
	to taso, TX	74401	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	ciotina
2	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
Date	Charles of contribution of con		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$710.88	Tan.
1-8-14	PO BOY 6013		φ 11O.	Mandraiser
	ti Paga TX	79906	(If travel outside	e of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
	retired			In-kind contribution
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	·
,	Jan Dadga		1	reboite
1-8-14	Contributor address; City; State; Zip Code 35 El Aso S	•	P500	Lesian
	33 ET 1030 31	70001		
	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	21 te designe		websi	te
Date	Full name of contributor ut-of-state PAC (ID#) Amount of contribution (\$	In-kind contribution) description (if applicable)
	I Eva Acosta		COMMISSION (4)	Don't terre and
1, 0, 11	Contributor address; City; State; Zip Cod	ه دري	1771 43	1 Tour 9 1
1-8-14	1221 1 wante some	- <i>l</i>	Ta (Scrarburg.
	El Pasa	11		de of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See	e Instructions)	G #
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDUL	E AS NEEDED	ı ığı EP∃
lf	contributor is out-of-state PAC, please see ins	truction guide fora	dditional reportir	ng requirements. 📆 🦳
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POLITICAL EXPENDITURES

SCHEDULE ${f F}$

					1
	EXPENDITURE (CATEGORIES I Salaries/Wages/Co	OR BOX 8(a)	in Repayment/Reimbursement	İ
Advertising Expense	011071112712	Solicitation/Fundrai		nsportation Equipment & Related	Expense
Accounting/Banking	Logal Collins	Travel In District	Cor	atributions/Donations Made By	į.
Consulting Expense Event Expense	Polling Expense	Travel Out Of Distr	101	Candidate/Officeholder/Political	
Fees	Printing Expense	Office Overhead/R		HER (enter a category not listed	above)
	The Instruction Guide	explains how to	complete this form.		
1 Total pages Schedule F:	2 FILER NAME		_	3 ACCOUNT # (Ethics Commi	ssion Filers)
. 10	Fadie HOLA	Lum	ر،		
4 Date	5 Payee name)			1
11/20/11	Hariz On Pri	atina			
MATIO	7 Payee address; City; Star	te; Zip Code			1
6 Amount (\$)	· · · · · · · · · · · · · · · · · · ·				Ì
81.18	1100		$\sim \sim \sim$		ļ
401.10	El Pas	0 -1X '	<u>1990 1</u>		
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If t	ravel outside of Texas, complete Schedu	ıle⊤)
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EXPENDITURE	7			Office he	eld.
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	Since in	
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	Payee name , , ,		0 - /		
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12-1-13	1400F111003 C	ate; Zip Code			
Amount (\$)					
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	Category (See categories listed at the top	V- 1 1	Description (If	travel outside of Texas, complete Sched	lule T)
PURPOSE	Category (See categories listed at the top	of this schedule,	,	1	_1
OF EXPENDITURE	thent ex Den	se	annou	ncement po	arry_
	Candidate / Officeholder name		Office sought	Office h	eld
Complete ONLY if direct expenditure to benefit C/C					
ОДРОПОПЕТТ					
Date	Payee name	^ \/_	αV_{α}		
12-1-13	Small Paw:	2 Koru	roke_		
Amount (\$)	Payee address; City; St	ate; Zip Code			
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Complete ONLY if direct	Candidate / Officeholder name	€	Office sought	Office I	
expenditure to benefit C/	OH				
	Payeo name				霊の
Date	Payee name				
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Amount (\$)	Payee address, City; S	, ,			一
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Complete ONLY if direct	t Candidate / Officeholder nam	10	C,,,,,,,		
expenditure to benefit (
	ATTACH ADDITIONAL	COPIES OF TH	S SCHEDULE AS	NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guid	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R e explains how to	ising Expense rict ental Expense	Contributions/Donati Candidate/Office OTHER (enter a cat orm.	oment & Related Expense ons Made By holder/Political Committee egory not listed above)
1 Total pages Schedule F:	2 FILER NAME HOLO	run.		3 ACCOUNT	# (Ethics Commission Filers)
4 Date	5 Payee name Wal-Mat	<u> </u>			
6 Amount (\$)		itate; Zip Code			
77.06¢	9441 Alame	aso, TX	799		
8 PURPOSE	(a) Category (See categories listed at the t	op of this schedule)		(If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	printing ex	lpense	en	relapes)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam DH	le •	Office soug	ht	Office held
Date 12-1-13	Payee name OHA: CL De	pat			
Amount (\$)		State; Zip Code,	He C		
M1.10	1313 Geor	Paso.	N 799	736	
PURPOSE	Category (See categories listed at the	top of this schedule)	Descriptio	n (If travel outside of Tex	as, complete Schedule T)
OF EXPENDITURE	Drinting ex	pense_	ink	- + Sta	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder nan OH	nle	Office sou	ght	Office held
Date 1 2	Payee name White Arren	3			
Amount (\$)	Payee address; City;	State; Zip Code			
122 45	1329 Georg	e Deiter	-00 1		!
\$. CC#	El Pas	XT, OC	M436		
PURPOSE	Category (See categories listed at the	e top of this schedule)	Description	on (If travel outside of Tex	(as, complete Schedule T)
OF EXPENDITURE	Drinting exp		Ca	100	
Complete ONLY if direct expenditure to benefit C/	Candidate / Office holder ne	me '	Office sou	ught	Office held
Date	Payee name				<u></u> 5
12-5-13	. Hindale				
Amount (\$)	Payee address; City;		La		≡ o g m
a27505	MADI FORT	way We	201 2000 0	~	<i>⇔</i> 4
7.00.	EIT	000 - 1X	Permin	ion. (If travel outside of To	exas, complete Schedule T)
PURPOSE OF	Category (See categories listed at th	ne top of this schedule)	Descript	d to a consideration of the	S. S
EXPENDITURE	Event expen	<u> </u>	1700	wapt 11 Wy	Office held
Complete ONLY if direct expenditure to benefit	C/OH		Office so		Cilido Hold
	ATTACH ADDITIONA	L COPIES OF TH	IS SCHEDULE	AS NEEDED	

POLITICAL EXPENDITURES

Texas Ethics Commission

SCHEDULE ${f F}$

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense		ges/Contract Labor Loan Re	payment/Reimbursement
Accounting/Banking	20901 00111000		tation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In Dis		tions/Donations Made By idate/Officeholder/Political Committee
Event Expense	Polling Expense Travel Out (Printing Expense Office Over)		(enter a category not listed above)
Fees	The Instruction Guide explains ho		,
1 Total pages Schedule F:	2 FILER NAME	3 /	ACCOUNT # (Ethics Commission Filers)
, iotal pages a	Eddie Holan w	16.	
4 Date	5 Payee name	1 0	1
12-9-13	El Paso Consty I	semocratic to	arty
6 Amount (\$)	7 Payee address; City; State; Zip.Co.	de	ا ر
11050	1401 Mantana		İ
41,200	El Paso, T	X79902	
8 PURPOSE	(a) Çategory (See categories listed at the top of this schedule	(b) Description (If travel or	utside of Texas, complete Schedule T)
OF	Does	0.1:00-0	0.0
EXPENDITURE	7665	Till My Ti	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C)H		
Date	Payee name		
12-110-12	Wal-Mart		
Amount (\$)	Payee address; City; State; Zip Co	ode .	
Αιτισαίτε (Φ) - 1	944/ Alameda A	~ ~	
AKK DA	CHAI HIVE TURE		
40J.	tel Pas	OIX PHO	\
PURPOSE	Category (See categories listed at the top of this schedule	e) Description (If travel o	utside of Texas, complete Schedule T)
OF	0,10 1 0,100 00	Sta an a	
EXPENDITURE	Event expense	- Jan ope)
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	JH		
Date	Payee name	^	
17-112-12	Francomy Cash.	t (orth	
12-10-10	Payee address; City; State; Zip Co	ode	1000
Amount (\$)	1500 to Day State, 250	J	
A200	1300 6. 1000	(- 00	4770
400.	to Pago T	X 7947 01	2
PURPOSE	Category (See categories listed at the top of this schedu	le) Description (If travel of	butside of Texas, complete Schedule T)
OF		i e e e e e e e e e e e e e e e e e e e	MA =
	0.100.00	1 NOOP O	
EXPENDITURE	event expense	parpu or	0000
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held-
	Candidate / Officeholder name	parpu or	Office held-
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	parpu or	Office held-
Complete ONLY if direct	Candidate / Officeholder name	parpu or	Office held-
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH Payee name HOCIZON Printiv	Office sought	Office held-
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held-
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH Payee name HOCIZON Printiv	Office sought	Office held-
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH Payee name HONOTOR Printiv Payee address; City; State; Zip C	Office sought	Office held-
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH Payee name HONOTOR Printiv Payee address; City; State; Zip C	Office sought Office Sought	Office held-
Complete ONLY if direct expenditure to benefit C/	Payee name HOCIZON Printiv Payee address; City; State; Zip C	Office sought Office Sought	Office held-
Complete ONLY if direct expenditure to benefit C/	Payee name HOCIZON Printiv Payee address; City; State; Zip C	Office sought Office Sought	Office held-
Complete ONLY if direct expenditure to benefit C/I Date Date Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name OH Payee name HONIZON Printiv Payee address; City; State; Zip C 1125 N. Zanag Officeholder name Category (See categories listed at the top of this schedule) Candidate / Officeholder name	Office sought Office sought Office sought	Office held-
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH Payee name HONIZON Printiv Payee address; City; State; Zip C 1125 N. Zanag Officeholder name Category (See categories listed at the top of this schedule) Candidate / Officeholder name	Office sought Office sought Ode Description (If travel	Office held-
Complete ONLY if direct expenditure to benefit C/I Date Date Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name OH Payee name HONIZON Printiv Payee address; City; State; Zip C 1125 N. Zanag Officeholder name Category (See categories listed at the top of this schedule) Candidate / Officeholder name	Office sought Office sought Office sought	Office held- Office held- Office held- Office held- Office held- Office held- Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of District Office Overhead/Rental Expense e explains how to complete this	Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
Total pages Schedule F:	2 FILER NAME Fadie Ho	lawintr	3 ACCOUNT # (Ethics Commission Filers)
1 Date 1-3-14	5 Payee name US POSTMA	oter	
5 Amount (\$)	7 Payee address; City; S Arport Ma The Pas	tate; Zip Code Lin Office SO, TX 79925	5
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	op of this schedule) (b) Descripti	on (If travel outside of Texas, complete Schedule T) A A A A A A
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	e) Office so	ught Office held
Date	Payee name		
Amount (\$)	Payee address; City; S	State; Zip Code	
PURPOSE OF	Category (See categories listed at the t	op of this schedule) Descript	ion (If travel outside of Texas, complete Schedule T)
EXPENDITURE			ught Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nam	e Office so	ught Office field
Date	Payee name		
Amount (\$)	Payee address; City; S	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the	top of this schedule) Descrip	tion (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder nan OH	ne Office so	ought Office Peid C
Date	Payee name		
Amount (\$)	Payee address; City;	State; Zip Code	RK DEF
PURPOSE OF EXPENDITURE	Category (See categories listed at the	e top of this schedule) Descrip	otion (If travel outside of Texas, complete Schedule T) ——
Complete ONLY if direct expenditure to benefit 0		me Office s	
		COPIES OF THIS SCHEDULE	AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to complete this form. Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name FECKEX OFFICE
6 Amount (\$) \$24.97	7 Payee address; City; State; Zip Code 1410 Lee Trevi wo
Reimbursement from political contributions intended	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
8 PURPOSE OF EXPENDITURE	printing expense invitations
Date 11-04-11	Payee name Office Depth
Amount (\$) Beimbursement from political contributions intended	Payee address; City; State; Zip Code 1818 George Deiter F. Paso, TX 79936
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Printing expense envelopes
Date 11-25-13	Payee name Constant Contact
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) advertising expense email marketing o
Date _ \partial\nabla\nabla	Payee name Prois Ranch Market
Amount (\$)	Payee address; City; State; Zip Code 703 N. Zavagoza 703 N. Zavagoza
political contributions intended PURPOSE OF	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
	UI IUA(IUAA) III AMAAA AA

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Texas Ethics Commission

SCHEDULE G

Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense					
Consulting Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By					
Event Expense Fees	Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)					
1 000	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:	2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)					
	Fadir Halamen Ir					
4 Date	5 Payee name					
12-1-13	martita's Lunch Box					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
BOHH. ON	3623 Buckner					
Reimbursement from political contributions intended	El Paso, TX 79925					
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)					
OF EXPENDITURE	page tealor and anouncement party					
	our expense					
Date	Payee name					
12-2-13	us Postmaster					
Amount (\$)	Payee address; City; State; Zip Code Air Mc Main Office					
Reimbursement from	Hirpart Main GFRE					
political contributions intended	El Paso, TX 79925					
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)					
OF EXPENDITURE	solicitation expense stamps					
Date	Payee name					
12-2-13	Go Daddy					
Amount (\$)	Payee address; City, State; Zip Code					
\$30.23	14455 North Hayden Kd.					
Reimbursement from political contributions intended	Scottsdale, AZ 85260					
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)					
OF EXPENDITURE	advertising expense domain names o					
Date	Payee name C - C					
12-5-13	Andale					
Amount (\$)	Payee address; City; State; Zip Code					
\$50.00°	9201 Caterray Nest					
Reimbursement from political contributions intended	FI Para TX-PADT					
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schadule T)—4					
OF EXPENDITURE	La La La ca de de mait					
	1 ENTITE HOLDS					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

7. Box 12070 Austin, 1e.

SCHEDULE G

(512) 463-5800

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/	contract Labor Lo aising Expense Tra Co strict	an Repayment/Reimbursement ansportation Equipment & Related Expens intributions/Donations Made By Candidate/Officeholder/Political Committ THER (enter a category not listed above)	- 1			
1 000	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule G:	2 FILER NAME TOLONIN J	<u> </u>	3 ACCOUNT # (Ethics Commission F	ilers)			
4 Date	5 Payee name						
12-19-13	Wal-Mart		,				
6 Amount (\$)	7 Payee address; City; State; Zip Code QHAI Alameda M	e	•				
Reimbursement from political contributions intended	El Paso, TX	7990	7				
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If	travel outside of Texas, complete Schedule T)	ł			
OF EXPENDITURE	event expense	100d	beverage				
Date	Payee name		· · · · · · · · · · · · · · · · · · ·				
12-19-13	Economy Cash -	+ Carry					
Amount (\$)	Payee address; City; State; Zip Code	<u> </u>					
\$40.61	1500 E. Paisano						
Reimbursement from political contributions intended	EI Paso, TX 79901						
PURPOSE	Category (See categories listed at the top of this schedule)		travel outside of Texas, complete Schedule T)				
OF EXPENDITURE	event expense	paper	products				
Date	Payee name						
12-19-13	Pro's Ranch M	arket	<u> </u>				
Amount (\$)	Payee address; City; State; Zip Code	^					
\$114.70	705 N. Zanagoza						
Reimbursement from political contributions intended	El Paso, T	X 799C		•			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (I	f travel outside of Texas, complete Schedule T)				
OF EXPENDITURE	event expense	-food	beverage =	0			
Date	Payee name		<u></u>	marif			
12-21-13	David Munoz		- A	2			
Amount (S)	Payee address; City; State; Zip Code	1	رى د	M Z			
00/¢	8529 San Migne	L		区			
Reimbursement from political contributions intended	El Paso. TX	7990	<u>j</u>	Dr			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule 13	<u> </u>			
OF EXPENDITURE	event expense	cate	ring				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

P.O. Box 12070

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Gift/Awards/Memorials Expense Advertising Expense Solicitation/Fundraising Expense Accounting/Banking Legal Services Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Consulting Expense Food/Beverage Expense Travel In District Travel Out Of District Polling Expense Event Expense OTHER (enter a category not listed above) Office Overhead/Rental Expense Printing Expense Fees The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME 4 Date Reimbursement from political contributions intended Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE Date XV/ C Reimbursement from political contributions intended Description (If travel outside of Texas, complete Schedule T) PURPOSE OF **EXPENDITURE** Reimbursement from political contributions intended Description (If travel outside of Texas, complete Schedule-T Category (See categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Date Payee name . M 20 DEP City; State; Zip Code Payee address; Amount (S) Reimbursement from intended Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE

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EXPENDITURE CATEGORIES FOR BOX 8(a)